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CONSUMPTION IN AUSTRALIA:

A REVIEW,

BY

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[Reprinted from the "Medical and Surgical Review,"]

NOTE PREFATORY.

The following paper, hurriedly written to meet the requirements of periodical publication, is reproduced with slight revision and some few additional particulars subsequently obtained, corroborative of the statements already made. The statistics originally obtained from Mr. Hayter have been re-examined by that gentleman, who is as high an authority upon such matters as any one in this colony.

CONSUMPTION IN AUSTRALIA.

A GAY book on a grave theme is a lively way of impressing us with a sense of the serious. Sprightly but heetie, it reveals less of the cheerful heart than of the fixed smile of the consumptive. Written under the inspiration of the exhilarating hot-wind, the ardour of its style is sustained by the bracing ozoniferous air. Such is the book before us. But shall we not say—

“Fading and false is the aspect it wears,
As the smiles we put on, just to cover our tears.”

For thus, not to be behind the prevailing mode in medical literature—the literary philandering of the times—we would enliven our philosophy with a strain from the muses.

In a highly flattering notice of this journal in last October number of the *Medico-Chirurgical Review*, that Nestor of periodicals advises us to induce some of our contributors, well acquainted with diseases in Great Britain, to study and record the variations in their form and course, and in the treatment required, dependent upon the climate of Australia. The reviewer would also be glad to get a trustworthy account of the effects of the climate upon immigrants and especially upon those labouring under disease, as, for instance, of the lungs, concerning which contradictory opinions are afloat in the home country.

On Australian Climates, and the Influence in the Prevention and Arrest of Pulmonary Consumption. By S. Dougan Bird, M.D., &c., Physician to the Benevolent Asylum, &c., and formerly Resident Physician's Assistant at the Hospital for Consumption, Brompton. London: Longman, Green, Longman, Roberts, and Green. 1863. 8vo, pp. 168, plates.

In adopting the suggestion we will endeavour to enlist the services of some one possessing the necessary qualification mentioned ; but in the meantime may offer a few observations on the subject, in connection with the work whose title is quoted on the preceding page. This work demands very careful scrutiny, because, irrespective of any merits it may show, in the divided state of popular and medical opinion as to the suitability or otherwise of this climate for consumptive invalids, it is certain to be frequently appealed to. The antecedents of the writer will invest his opinions with additional authority, and as his statements assume to have been made after extensive examination of statistics, and mostly without qualification, and are argued from with some degree of enthusiasm, it will be hard for most people to come to any other conclusion than that he is right. Nor will it abate much from their confidence to learn that when he wrote, his experience of this climate had been limited to little more than the first impressions of a single cycle of the seasons ; for positive assertions usually have most ready credence. The cautious balancing of facts always conveys to the popular mind a notion of halting between two opinions, and he who boldly declares this to be a fit climate is more likely to have followers than he is who rests doubtful. But the believed man is not ever in the eye of science the most believable ; and that eye will look into this book, even amid a possible exodus of the afflicted, allured to these so-called balmy climes and sunny shores, and if it find an illusion let it not be called "evil eye," for, after all, in the truth lies true humanity. The author himself has foreseen the probable exception which will be taken both by the public and the profession at home to this short experience of the effects of Australian climates on weakened constitutions of invalids from Europe, for he has taken the precaution of submitting his views to several local physicians who have lived here longer than himself, and finds their opinions agree with his own ; and when he adds that "it is evident that one recently in observation of the causes and courses of disease in England is in a better position to appreciate the contrasts of disease and mortality presented here than those who, from their long absence from Europe, have become accustomed to the peculiar influences, social and climatic, of these colonies on the constitution of Europeans," he

assumes to have met every objection: just as if the longer one lived in a place, the less able one grew to speak of its peculiarities. Now, if there be a word of advice more needful than another to the new-comer, be he invalid or philosopher, it is to avoid that air of superiority which very many import with them, and which, being egotistical, invariably makes them ridiculous. If the old residents be incompetent to give an opinion, to what extent can their coincidences of opinion be confirmatory of the author's? This is annulling the vaunted worth of colonial experience. But we shall presently perceive the small value of the testimony. It is only those, said Sir James Clark, who have attempted to compose such a work that can be aware of the difficulties of the task. Dr. Bird, however, does not seem to think he met with any. He soon came to his conclusions. He came, he saw, but has he conquered?

The work appropriately enough begins with a general statement of the improvement effected in the treatment of consumption as contrasted with former times, which improvement, however, has at the utmost only given twice the duration to the malady; for it is also stated that the tendency is still invariably fatal, and is so "in ninety-nine cases out of every hundred treated in Europe." This surely leaves small room to boast of the success of the complete change which "that phase of scrofula called pulmonary consumption" has undergone; for it makes the diagnosis to be only a little improved since Aretæus said that if one of the common people see a man pale, weak, affected with cough, and emaciated, he truly augurs that it is consumption; and the treatment nothing more successful than when the village ancient prescribed the infallible blackberries and snails. Our own impression was different, and so is that of many eminent men who have ventured to give their opinions. If they be wrong, truly a further alteration of treatment is desirable. However, as the author's figures are not always reliable, this must be taken like many other assertions in the book, *cum grano salis*.

That the statistics given in the work are often of the most erroneous character is apparent at a glance. It is difficult indeed to account for so many inaccurate statements, unless memory were alone trusted to, when they would be the result of mere recklessness. That they

can have been made with any sinister motive of making out a good case for the colony is to suppose what for the credit of the profession must be considered utterly incredible. Yet there is a consistency about the mistakes; and before proceeding further with the analysis we shall point out a few of the most glaring.

The first occurs at the third page, where it is stated that "of every hundred deaths in the British Islands, twenty are caused directly by pulmonary consumption; at least six or eight more victims to the same disease leave their homes to die at Nice," &c. &c., that is to say, about 20 to 27 per cent. Now, on comparing this with the estimate given by Dr. Cotton, at page 4 of his essay, we find that the deaths from consumption amounted to nearly one-eighth of the total number of deaths in England and Wales, or not quite $12\frac{1}{2}$ per cent. This estimate is corroborated by Mr. Hayter, of the Vital Statistics Department of the Registrar General's Office, in Melbourne, who makes the numbers $12\frac{1}{2}$ per cent. for London, and the very same amount for all England. Professor Hughes Bennett, writing in 1853, made it higher, for, in the introduction to his work, he speaks of consumption as destroying one-sixth of the population; but the statement of Dr. Cotton is made on the authority of the Registrar-General, and Dr. Farr. Not only is the mortality from this disease in England thus over-stated; it is actually contrasted with an understated mortality from the same cause in this country. At page 59 the deaths from consumption in the colony at large are said to be probably not more than $4\frac{1}{2}$, or, at the utmost, 5 per cent., while the town mortality, that is to say of Melbourne and suburbs, is given as rather above 7 per cent. of the total mortality. Now, in 1861, the year chosen for the average, the per-centage was, correctly, 7.19 per cent. for the whole colony, and 9.10 for Melbourne. Thus we see that the difference between Melbourne and London is, in this respect, about three per cent. in favour of the former, instead of 13 as asserted! The statement is evidently not a mere isolated mistake, for a great portion of the argument is based upon it, and it is repeated more than once; as at page 56, where the single item of pulmonary consumption appears as causing 20 per cent. of the total mortality; and at page 120, where it is asserted that "eighty thousand individuals, most of them in the prime of life, die every year in England

and Wales, victims to the single item of pulmonary consumption," whereas, the number is only 51,000 ; and again, at page 61, where it is added, " In short, seven persons die of consumption here, while twenty die in England, out of every hundred, though we are far more liable to the disease, as regards *age* and *sex*, and equally so as regards *race* and occupation." Thus with the false premises vanishes the whole force of the argument.

The remark about sex and occupation is nothing more just, for it is well known that although more males die in London, yet more females die throughout England. Respecting occupation, Dr. Cotton shows that the disease is five times more fatal amongst those following in-door than out-door occupations ; and as Dr. Bird admits, at page 64, that " the plain ordinary elements of health have more opportunity of exhibiting their normal operation on masses of the population than they have in England ; " or, in other words, that the masses here are more favourably situated as regards occupation, it follows that disease resulting from in-door life should be less. It is true that, at page 59, he states " that the *occupations of the people* present no decided contrast as regards the proportion of out-door and in-door employments," but adduces no authority for it, and it is little likely to be authentic of a population notoriously not engaged in factories.

As for the observation upon the extra liability of our population to consumption, in consequence of the large proportion of young adults of the most commonly consumptive age, that is, from twenty to forty years : — " So that, *cæteris paribus*, it might be expected that the *actual* mortality from all causes in the colony would be less than at home ; but the *relative* mortality from consumption considerably greater " — let us examine the validity of the corollary. There is a smaller proportion under twenty in the colony, and a larger from that age to forty, and as we are given to understand by Mr. Archer and Dr. Beddoe, that infantile mortality, though ranging from 40 to 73 per cent. of the total, is on the whole small in proportion to the births, it follows that other ages must show an excess, which must be either among young and middle-aged or old adults. We have no means at present to determine which, but are prepared to say this much, that of the total

number of deaths which in this colony occur in adults between the ages of twenty and forty, about 24 per cent. are caused by phthisis. Between the ages of twenty-five and forty-five, 22 per cent. die in Victoria against 37 per cent. in England ; while in Melbourne 32 per cent. die, or just 5 per cent. less than London ! Not a vast difference surely, considering the better play of the means of health enjoyed at that age in this colony, even by the frank admission of the author himself. This mode of comparing the fatality of this disease in the two countries appears to be the most exact, as being less complicated by disturbing causes. It does at present seem as if 24 per cent. for this one cause were a large proportion of all the causes of death at "this consumptive period of life ;" and whether we have a less actual mortality or not, we do not seem to have a greatly less relative mortality from consumption. Nor does the fatality of this disease diminish, for by the very latest return published, that, namely, for December, 1863, 33 deaths of a total of 287, or $11\frac{1}{2}$ per cent. are set down to phthisis, that is, only 1 per cent. less than London ! In 1863 the total number of deaths in Melbourne and suburbs was 3230, of which 352 were from phthisis, that is very nearly 11 per cent. This rate does not appear to be unusual, for in a paper by Dr. Robertson, in the *Australian Medical Journal* for July, 1861, it is stated that "fully one-sixth of the deaths during five years in the Melbourne General Hospital is attributed to phthisis." Also that "phthisis is the disease most frequently met with in the Benevolent Asylum, and by far the most fertile cause of death. During the past six years the deaths from phthisis exceeded in number those arising from all other causes. While 173 have fallen victims to phthisis, 170 have perished from all other causes combined." In a tabular statement appended it is shown that by far the greatest number died between the ages of 20 and 35. Of 302 cases of phthisis treated in all the hospitals (exclusive of the Benevolent Asylum) in the colony during the year 1862, 145 were fatal, giving this number out of a total hospital mortality of 804, or 18 per cent. It does not therefore appear that with an equal actual town and country mortality from all causes, that is, from 16 to 25 in 1000 of population, there is a vastly smaller *relative* mortality from consumption, but the reverse. The truth

may be unpleasant, but if statistics be of any scientific value, they cannot blink it ; and, notwithstanding the author's "anxiety to give his reader a perfectly fair and impartial view of the vital statistics of the colony as regards consumption," he cannot be said to have done so. It is not easy, indeed, to know which of his numbers to rely upon, so often do statements upon one page contradict the statements of the previous one ; thus, at page 59, the author assures us that "the deaths from consumption in the colony at large are probably not more than $4\frac{1}{2}$, or, at the utmost, 5 per cent., and at page 71 says, "we have seen that about 7 per cent. of the mortality in Victoria is from consumption."

The rate given for Scotland by Professor Christison, in his address to the Social Science Congress, at Edinburgh, in October last, confirms the above. The entire class of tubercular diseases accounts for 20 per cent. of the total mortality in all Scotland. Consumption alone accounts for more than half of this proportion, namely, 11.5 per cent. of the total mortality, and 237 deaths in 100,000 of the population. The proportion falls under this average in country districts, and exceeds it in large towns. In Glasgow, for example, out of every 100,000 of population, 385 die of consumption, against 104 in Berwickshire. In the former, where all town causes of mortality greatly abound, the mortality from consumption is 13 per cent. ; in the latter, where we have the most perfect example in Scotland of a population combining the richest agriculture with freedom from the deteriorating influences of mining, manufactures, and large towns, the mortality from consumption is about a fourth of the proportion of the city, that is less than 4 per cent. ; less, indeed, than the most salubrious spot in all Victoria, for which is claimed so wonderful an exemption from this disease. If it be urged that the number in this colony is swelled by immigrants who have contracted the disease in other countries, and have come hither for change of climate, so may it be said with equal truth that in rural districts of Scotland many of the fatal cases of consumption occur in natives who had gone early into the towns to contract the disease, but returned to die on the soil of their birth. This is the very reasonable explanation given by Dr. Christison for the occurrence of cases in the islands of Mull and Lewis, in neither of which, as is

now abundantly proved, do cases of consumption ever originate. In the same way, if to account for many of the cases of consumption which prove fatal in this colony it be assumed that the sufferers came out after the disease was contracted, may we not fairly ask, Where then is the boasted curative power of the climate? Mull and Lewis are as fully within the influence of the Gulf-stream as Glasgow, yet the mephitic vapour is not equally fatal. The same may be asserted of the rural districts around Glasgow. They too are under the same steam-cloud, with scarcely a fourth of the fatality, that is, not more than in the sparsely peopled country of Victoria. To make this more explicit we append the following comparative table:—

						Mortality, 1 in	Consumption in 100,000.
Glasgow	...	...	...	...	...	38	385
Edinburgh and Leith	...	...	...	...	...	42	283
The North Highland Counties	...	...	...	...	...	62	179
Four Lowland agricultural counties, excluding two towns	...	...	...	...	...	65	138
Fife, excluding two towns	...	...	...	...	...	57	125
Berwickshire	...	...	...	...	...	70	104
Melbourne	...	...	...	...	1861	39	234
Victoria, excluding Melbourne	...	...	...	...	„	58	106
Melbourne	...	...	...	...	1862	43	254
Victoria, excluding Melbourne	...	...	...	...	„	60	86
Melbourne	...	...	...	...	1863	43	252
Victoria, excluding Melbourne,	...	...	...	...	„	returns not completed.	
London	...	...	...	...	1855	38	324

From the above table it will be seen that, come from wherever they may, cases of consumption are nearly as numerous in Melbourne as in Edinburgh and Leith, and in the country nearly as in Berwickshire. If it be said that in the ratio for the country is included the rate of several large towns, it may be replied that these towns are not so densely built, that the inhabitants are more migratory, and less engaged from year to year in in-door trades. At all events, of Melbourne, which shows a general mortality equal to that of Glasgow, and a high death-rate from consumption, it can be truly said that its 140,000 of population is scattered over an area which cannot be less than twice that of London, with its 3,000,000. Build up the lanes and rights-of-way of Melbourne as closely as the

vennals and closes of Glasgow, employ its people in large heated cotton and other mills and great workshops, keep them so pent up, toiling for twelve hours every day: in short, let "those whose business of life it is to amass wealth through the labour of the working classes, and whose requirements have occasioned the concentration of the people in over-grown towns, with all its concomitant evils," only bring the same practices into operation here which cause so much disease there, and they will be equally potent—if, indeed, they be not intensified, quite irrespective either of the Gulf-stream or the ozoniferous air. This consideration of probability makes the question one as much for the Victorian as for the European political economist. If the "causes of the disease in England be too deeply rooted to be much influenced by sanitary measures, while in Australia the chief causes of death may be obviated or controlled," it will not be by instilling into the minds of our authorities that the rules of health may be violated with impunity, because there is, perhaps, "no climate in the world so generally suitable to consumptive cases at all seasons of the year;" or because the "unavoidable sources of mortality are reduced to a minimum by the exceeding salubrity of the climate." Statesmen have the assurances of the author himself to the fact that "ordinary cases (of phthisis), induced by sedentary employment in persons hereditarily predisposed, follow much the same course that they do in England." Add to this the candid avowal of Dr. R. E. Scoresby-Jackson, in his comprehensive and impartial work on "Medical Climatology," recently published, that "It is not pretended that the climate itself exercises any specific agency in the cure of consumption;" and also, that "the beneficial effects derivable from change of climate are found only in the sum of little things, and not in the specific action of a new atmosphere." But above all, they have the warning voice of Professor Christison, that "there is no more probable source of the fearful growth of these diseases (the tubercular) in great towns than the want of open-air exercise"—"a conjunction of defective exercise and exclusion from the open air;" and the remedy within reach, the "spreading out of a city, the finding lungs for it in the shape of parks and gardens, the surrender to the working classes, and, above all, to the sedentary trades, of a proportion daily of that time which is now too entirely

demand of them for the toils of their craft, and the creation among them of a taste for the active exercises which were the pastimes of their ancestors," &c. &c. Trusting to any mere chimera, to the neglect of these obvious requirements, will never prevent tuberculosis in individuals nor among the masses; and although some of the home medical journals have taken exception to this, because of its infeasibility, not one has adduced an argument against the principle.

The subject next in importance treated of, is the peculiarities of the Australian climates, and the same want of agreement with others, and inconsistency with himself, is here equally manifested. The author introduces this part by observing that all writers on climate have the avowed object of lauding the suitability of some one locality* for some particular form or complication of disease, and proposes a broader principle of guidance in seeking a climate which will have a powerful constitutional alterative effect in preventing the formation of tubercle in the blood. This object physicians are said in their partialities and preferences for places to have over-looked. The invidious allusion, by the way, like many others in the book, is too apparently *ad captandum* to deserve further notice. It belongs to the stock-tricks of a set with whom the author would not wish himself classed; one of those artifices to which colonial practitioners are notoriously addicted, often justified by custom, but auguring little for an improved æsthetics in our colonial medical practice.

The first peculiarity is shared in common with the extreme points of South America and South Africa, and arises from geographical situation in an ocean over which a prevailing westerly wind blows. The *excessive* climates are confined to the northern hemisphere, equalised in Western Europe by the Gulf-stream, corresponding latitudes in Australia having distinctive characters of climate, from the prevailing winds during great part of summer blowing over a great expanse of ocean, and so oceanic and ozoniferous. Of this there is no doubt. In summer when the wind is seaward, a more delightful climate cannot possibly be, nor one more sparing of health

* "I have no particular climate to eulogise above its fellows, no personal interests to serve."—SCORESBY-JACKSON.

and life; but there is a "*bête noire*" in the "hot wind," a death's head and hand with a vengeance. Mercifully, to make the country at all habitable "it lasts but a few hours at a time," as a rule, but occasionally for two or three days, gradually increasing from the first onset until it culminates in what the Sydney folks graphically style a "brickfielder." It is alleged that since the up-country has been cleared and settled these winds have notably decreased in frequency and duration; and so it was thought of the December floods, until the terrible one of the other day dispelled the false notion. The tendency to make the least of every disagreeable element, and to extol the agreeable, is here unusually revealed. With the thermometer at 100° in the shade "to a new comer the little inconvenience he experiences from these high temperatures is marvelous;" and to prove this, an illustration is given of a party of friends, including a lady, who rode ten miles into the country on horseback without complaining of inconvenience, although the journals of next day recorded the excessive heat.

To show that mere sensation, while passing through the air, gives no adequate idea of the injury to life caused by such a wind, let us compare the above statement with the record of such a day by the Registrar-General, and hear his tale of the marvelous. Of January, 1862, he reports that:—

The thermometer rose to 105° in the shade on the 13th, and at 3 p.m. on, the 14th it reached to 111.2° , which was the maximum of the month. The lowest point reached was 47.8° at 4 a.m. on the 23rd, the range for the month thus being 63.4° . The greatest daily range of temperature (49.8°) was on the 13th, from a maximum of 105° to a minimum of 55.2° , and the least (8.4) was on the 16th, from a maximum of 65° to a minimum of 56.6° . The mean daily range was 24.24° . The deaths of children under five exceeded those of persons above that age by 145, the numbers being relatively 273 and 128, and the proportions 68 and 32 per cent. In December the same proportions were respectively 57 and 43 per cent. In January, 1860, they were 73 and 27 per cent., and in January, 1861, they were 71 and 29 per cent.

The large number of 28 deaths, 22 of which were of children under five years of age, occurred on the 14th, which was the latter of the two remarkably hot days already alluded to. On the succeeding day, the 15th, 21 deaths also occurred, 14 of which were of children under five.

This, then, is another illustration; and though made of hard figures, is equally sensational and the complement of the other, both

being required to complete the idea of what effects a hot wind really has upon vitality. Well may he say that the cool southerly sea-breeze in the afternoon is delightful to every one ! It brings nature's sweet restorer—ozone, of which the hot wind, as the author forgets to tell us, is entirely destitute.

The sudden and great alternations of temperature are said not to have nearly the amount of prejudicial effect they might be expected to occasion, although it is presently admitted that “the faults of the climate are connected with the hot wind, its high temperature and dust, and the sudden fall of temperature when it changes.” This candid statement is however again qualified by another immediately afterwards, that “the climate of Victoria has advantages possessed by no European country, in having *a smaller mean annual range at a warm level* than any locality to which invalids are usually sent,” although the thermometer sometimes falls nearly 50° in a few hours.

Some doubt hangs over the author's mind as to the full value of extremes of temperature. The principal advantage of the long sea-voyage is in the patient's being exposed to no extremes of temperature, who is thus gradually brought to a climate where he will be. But he had just expressed an opinion that “the small mean range of the thermometer bears an evident relation to the small variation in mortality from consumption between one season and another,” and that “the main agent in good sea air is the constant and equable presence of ozone in a temperature and moisture little subject to variation.” There lurks in these passages a hazy idea of the belief in the suitability of an equable temperature ; but presently, and with a reaction as violent as the weather itself in this climate, the following doctrine is enunciated, as a sort of corollary from the preceding :—“But in the great majority of cases, experience shows that these occasional falls in the thermometer at Melbourne and its neighbourhood are not productive of pulmonary irritation, and in early cases, at all events, need not be deprecated. Indeed, in England, we have accustomed ourselves to give far too much importance to sudden change of temperature as a source of chest disease. In incipient consumption, at least, an absolute uniformity of temperature is no more to be desired for the well being of the physical,

than an interrupted course of prosperity would be for the moral constitution," and high authorities are quoted from in confirmation. But moderate exposure to air, and exposure to the vicissitudes of a very variable climate, are two quite different things. Hot winds in November, and winter fires in January—three winters and three summers in one year, are rather trying to the feeble frame. Furthermore, although the air is never absolutely very cold, yet, after great heat, it is more severely felt, just as after great prosperity one would more readily feel the pinch of adversity.*

Having come to the conclusion that the climate, with all its faults, is in the main salubrious for European races, and especially for their pulmonary invalids, the author infers that "the Australian climate has some specific influence in preventing and controlling the development of pulmonary disease," whatever influence that may be, be it ozone, "Nature's atmospheric stimulus," or not. This opinion is so positively and emphatically uttered that one would hardly look for one diametrically opposed within a few pages; but such in reality there is, for, at page 64, it is said that "we need call in no special or peculiar specific agency in the Australian air to account for our low mortality from consumption." True, he had just before assured us that the "great general salubrity of these colonies, and the remarkable immunity from tuberculous diseases and complaints of the respiratory system," is attributable to the characteristics of the climate. "I do not see how we can arrive at any other conclusion than that there must be a climatic influence in this country which tends to control the development of scrofula and tubercle," to this being added the altered circumstances of the people dependent on climate. After asserting that there is a broad distinction between the climatic fatalities of the two countries, he immediately stultifies it by a counter

* The *Lancet*, quoting from the book, states that "from observations made in Melbourne in the years 1860, 1861, and 1862, it appears that the greatest heat recorded during the day was 78°;" adding, "One can readily conceive this to be a climate peculiarly adapted for the permanent residence of a phthisical patient, with a marked superiority over that of most of our esteemed winter resorts of Southern Europe, which, grateful and salubrious though they be in winter, are intolerable in summer." With such information as this, well might the *Lancet* say, "Here at the antipodes we are compelled to be cautious," for it does not seem to exercise a very sharp perception between truthful and false informants.

assertion, that "in fact, the whole question resolves itself into one of idiosyncrasy—that is, individual peculiarity—about which no rule can be laid down." It is quite impossible to collate these different opinions so as to find what really is his real one. Allusion is made to the comparative immunity from inflammatory affections of the lungs, &c., as giving *prima facie* evidence in favour of an equal immunity from phthisis ; but it has been fully shown by Dr. Lawson, in his elaborate treatise, that in the Northern States, where there is an excessively high mortality from consumption, there is a small mortality from pneumonia and bronchitis, whereas in the Southern States it is just the reverse. A similar observation has been made of other countries, and usually ascribed to sudden and great falls of temperature in summer. This does not, however, hold true of this colony, for during the winter half of the year the largest mortality from pectoral diseases occurs. This is indeed contrary to the author's statement that "the antipodal rule of contrariety to everything in the northern hemisphere holds good," and the fatal seasons are reversed. "In England, the greater number of deaths occurs in the winter half of the year from consumption, pneumonia, pleurisy, and bronchitis ; but in Australia the winter half of the year is the most healthy." This latter remark is true of the aggregate mortality, but is not so of those complaints particularised. Thus, in 1861, from October to March inclusive, there were only 150 deaths from phthisis in Melbourne and suburbs, and 122 from pneumonia, pleurisy, and bronchitis ; while from April to September inclusive there were 178 from phthisis, and 143 from these diseases, proving that winter is not least fatal for diseases of the respiratory organs ; the increased mortality of summer being made up from abdominal affections chiefly in children. This agrees with a former statement of Mr. Archer's in reference to the diseases of children, that "It is observed here that the period of greater mortality for respiratory diseases is the cool or winter half of the year."

A contrast, again unfairly against other countries, is next drawn between the mortality from affections of the respiratory organs generally, in this colony and the British Islands. In the latter those diseases are said to occasion 40 per cent. of the annual mortality and only 15 per cent. in Victoria ; while in reality, in Victoria,

during 1861, they caused 15 per cent.,* against not 40, but only 25 per cent., which is the correct proportion for England! This shows very loose assertion indeed, and would make any work quite unreliable as to its inferences as well as its facts.†

In reference to the assertion that this colony has an immunity from other affections of the respiratory organs as well as phthisis, it may be remarked that they are more fatal here than in the Northern States, where the ravages of phthisis are so "perfectly frightful." In this colony 1 death in every 12 of the total deaths was from some such affection, while in 6 of the North-eastern States only 1 in 23·5 so died.‡ The cyclical and geographical distributions of disease are not always very precise; thus, Sir Ranald Martin thinks that in the eastern hemisphere gastro-intestinal affections mostly prevail, and pulmonary affections in the western hemisphere; which seems to be one of those loose notions casually occurring to otherwise careful observers.

After thus comparing these statistics, we may allude shortly to the climatic conditions in contrast as supplying remedial indications. The climatic peculiarity of England being caused chiefly by the quantity of warm vapour raised by the heating influence of the Gulf-stream § and suddenly condensed, it is maintained that no locality within that influence can have the necessary alterative action to an islander. "*To tuberculosis, as a dyscrasy of the general system, this class of climate is decidedly prejudicial.*" It may not be worth

* Or 19 per cent. in Melbourne and suburbs.

† Strange to say this error, as to the fact of 40 per cent., is copied by the *Lancet*, and commented upon without correction!! What can the statisticians of England think such reviewing? So gross a perversion of the fact betrays either gross carelessness or suggest something even worse.

‡ Lawson, p. 223.

§ The frightful mortality alluded to is ascribed by the author, in a quotation from a source not named, chiefly to the steaming vapours of the Gulf-stream. The Eastern States, however, are not under that influence, but are subject to the *Arctic current*, which "has its origin in regions of ice, skirts the dreary shores of Labrador, and passes on its way to moderate the excessive heat on the shores of central America." The national habits of life, which are "more intellectually and less physically energetic than our own," in-door in an eminent degree, in stove-heated rooms, &c. &c., are more likely to supply the required conditions. —See SCORESBY-JACKSON, p. 8.

while noticing that a dyscrasy is always of the general system. To its eradication a large proportion of sunny, cheerful weather during the year, especially in winter, is a *sine quâ non*. Such cannot be got in England, and must be sought elsewhere. Hence the axiom that "the reversal of the circumstances, conditions, or habits of life *under which the disease is engendered is the first thing necessary for its cure,*" together with "*the immediate institution of such a hygiene and regimen as we know from physiology and experience to be the best suited to the preservation of health in a person already well.*" This is precisely the same advice as that long ago given by Sir J. Clark, when he said, "place the patient in circumstances the very reverse of those to which she had been accustomed. Let her be removed to some healthy part of the country, where she can enjoy abundant exercise in the open air, plain nutritious diet, and have only moderate mental occupation" By the identity of principles inculcated in these two statements it is seen that our greatest authority on these questions has not taught his generation in vain. But it may be more particularly urged that mere reversal of climate and general conditions will not alone suffice. An individual predisposed will benefit little by leaving the counting-room in London for the counting-room in Melbourne; and it is not clear that if the counting-room be left in time and the general rules of health be observed with sufficient stoicism, the patient may not be as well served by some rural spot in his own country as in this one, the Gulf-stream and the highly ozoniferous air notwithstanding. We have already pointed out where the author himself admits as much even against his own argument. The means of health must have fair play in any clime, and, if they have this freedom without constraint, the particular clime is of less odds, and this is about the sum of what experience has taught us of the treatment of this malady. If common sense fail before the disease be actually formed, science will as surely fail after it. "Until we arrive at a knowledge of the state of the system which leads to the formation of tubercle, *and of the circumstances which induce this state,* we cannot hope to establish rules for the prevention of consumption upon any sound principles." Can any one say that we have attained that knowledge since Clark wrote? True, the author does attempt an explanation

of the pathological processes where he speaks of the natural outlets for refuse matters being choked up, which, together with defective assimilation, &c. &c., accumulate matters (humours?) "which cannot be turned to any good purpose in the economy, and which no part of the body claims as its own,"* &c., being the "simple history of one of the most common ways in which tubercle is induced by obvious and preventible causes." This seems very clear and specious, but upon scrutiny is seen to involve no end of difficulties by taking for granted the existence of certain postulates which are in reality still disputed. "The lungs bear the principal burden of excretion," says Dr. Bird, "and it is therefore most probable that morbid matters should be deposited here rather than elsewhere." But, observes Dr. E. Smith, "there is nothing known in their structure which will account for it;" and adds respecting this accumulation of morbid matters, that "expressions respecting it are made loosely, and without any precise idea." At best it is no better as a theory than Sydenham's opinion that "the lungs being incapable of assimilating the proper aliment, are overwhelmed with a crude phlegm, and that a part of the humours which ought to be thrown off by perspiration is retained by the lungs." We venture to assert that this doctrine is about as intelligible as the very latest published opinion; which proves this, that we know nothing as yet of the matter, and that of all men who have written practically of its diagnosis and treatment, Dr. Walshe has been the most prudent when he congratulates himself in not being called upon in a practical treatise to offer any opinion as to the nature of the disease he would treat; and therefore is content to be all he can as yet be—empirical. One of the latest speculations, that of Theophilus Thompson, is not a whit more explicit. He said that "the blood has an increased avidity for oxygen." But avidity is an affection of the mind, not of matter; and even if we said affinity or combining power or intensity, or used any other term to connote a bio-chemical condition, it would still be obscure and imperfect as an explanation, unless we could explain upon what elements that condition depended. The nature of the disease is still the great Sphinx

* "In the production of a structure at a point where it has no business."—*Virchow*, by Chance, p. 6

it ever was—the *opprobrium medicince*. It is usually called but a phase of scrofula ; but writers follow one another like sheep so much that one can never tell when an opinion has been thought out or simply adopted. It may well be asked,—by what proof this scrofulous theory is supported ? The worst forms of phthisis are seen in the scrofulous ; and so are the worst forms of syphilis, fever, pneumonia, rheumatism, but they are not therefore strumous. The relation of struma to phthisis is a problem yet to be worked out. Either may be described, but neither can be pathologically defined ; and it is quite clear that tubercles may be deposited in the lungs of an individual in whom there is not otherwise a trace of the strumous diathesis, unless, indeed, we go the absurd length of the author and his high authority, and say that struma is so disseminated as to leave few families in Europe free from its taint. All men are more or less mad, and so, it seems, are they all equally strumous. But it is not the language of safe science to use the hyperbole too freely. Before careful inquiry was made, consumption used to be called the English malady ; and just as it has been found European and American, so also will it be found Australian.

There is what the author calls a long discursion to prove that to four circumstances, said to control the development of tubercle—sea air, mountain air, alcohol and opium—the air of this country has an influence identical or analogous, and it is accordingly preferred because of the impracticability of choosing the others, and keeping the patient for ever at sea, or on a hill-top, or to making him take to drink or opium. Whether the premises are proven or not, the conclusion is certainly irrelevant. The circumstances named may be prophylactic ; but are they in any mode analogous in nature or effect to the air of Victoria ? The grossness of the absurdity forbids serious discussion. Theory does occasionally run wild in erratic genius, but there is usually a particle of common sense to save it from getting into print. The vagaries of the fancy under gin or opium often take whimsical shapes, and ozone itself in excess unbalances judgment ; but nothing short of a combination of the three, or their equivalent, too free inhalation of exciting Victorian air, could engender such hallucination. Of such a filigree of fact and fallacy is this work. Oil and lead are likewise said to be pre-

ventives, and why are they excluded? They would at least give weight to the idea. If, separately too soft and Saturnine to find analogues in the vivacious clime, their saponaceous compound would at any rate accord with the plaudits of a Saturnian age in physie, which, judging from the praises bestowed upon this-book, apparently at length has come.

To the alleged deteriorating influence of civilisation, its "in-and-in" workings in supersaturating the world with peccant humours, and the hopefulness of depuration by these arid airs, we would simply oppose the opinion of Professor Owen, not as a pathologist, who looks at everything living with the eye of a diagnostic, but as a physiologist, that "no known conditions of climate are more favourable to a perfect natural development of the 'noble savage in his native wilds,' free from all the restraints of so-called 'artificial' society, than that of Australia. The wild mammals of the woods and plains, and the teeming life of the sea, excite and reward the healthy exercise of the senses and muscular system of the aboriginal sportsman of that dry, sunny, and healthful land. Yet the advantage in regard to size and strength of body, especially as exemplified by the bony framework, is decidedly with the civilised European."

The wild bliss of nature needs alloy,
And fear and sorrow fan the fire of joy.

Here Owen agrees with Bird as to the "healthful land," but they differ about the vital condition of the European. That European, too, by transportation—*i. e.*, acclimatisation—is to wax strong and fat, like the bullocks and the pears; for, as the ears of our corn, so are to be our "Corn-stalks." As yet, however, in these generations, we scarcely perceive signs of the improvement. We think the trial of strength of the sturdy cricketers proves that the trained men of a tubercle-saturated race compare favourably in the physique, agility, and power with the improved specimens opposed to them, proving that the air and the fare of England, when they get free play, can still raise stout hearts and brawny limbs; can even reinvigorate half-famished cotton operatives when no longer immured in etiolating factories, as shown by the vital statistics of the north;

and thus, out of a great calamity may come a national blessing, if it show a nation at how immense a sacrifice of health and life her manufacturing supremacy has been reared, and that to regenerate the masses it is not necessary to expatriate them as advised in this delusive book. "The fact is, that all European races, but especially those whose civilisation is most marked, require a renewal of type, and an infusion of new and healthy blood, and this is only to be accomplished (not by infusion of fresh blood, as by an invasion of barbarians, as of old, but) by the transplantation (not transportation, a suggestive phrase just now) of masses of the population to a highly salubrious climate, with characters presenting a contrast to their own, where the people at large shall be placed under conditions the converse of those to which they and their forefathers have been for generations subjected in Europe."

What effect this transplantation will have upon those left behind is not suggested, for it is not to be presumed that the old island is to be depopulated, and the race transferred *en masse*; but "emigration to the Australian colonies exactly fulfils these requisition, (requisites?) not only in respect to the individuals themselves emigrating, but also in their offspring, who exhibit the unmistakable features of a newer, purer, healthier type of constitution—a rising generation (not of cornstalks and gumsuckers,) but of physically young England (what say the young Ireland party to this exclusiveness?) the growth of the brilliant skies, the pure air, (the hot wind,) the plentiful food, the high wages, the low taxes, the liberal institutions, the hopeful and cheerful moral influences of"—Utopia realised! Here is a grand concatenation of physiology, pathology, climatology, anemology, sociology, ethnology, and anthropology enough to drive us all back to first principles. Truly enough, observes Mr. Hare, "If there be lack of insight respecting the mutual dependence of many functions, which, taken together, make up the national life, unforeseen disasters will ensue from not perceiving how an interference with one will affect the rest." And Sir J. Mackintosh, speaking of the necessity to keep up harmony between different parts of our nature, remarks that "The perfection of a compound machine is attained where all its parts have the fullest scope for action. Where one is so far exerted as to repress

others, there is a vice of excess. When any one has less activity than it might exert without disturbing others, there is a vice of defect. The point which all reach without collision against each other, is the mediocrity in which the Peripatetics placed virtue ;" and in which physiologists would place health; ethical health and physical health being thus far comparable. The workings of the body and the body-politic inter-illustrate each other, say Professor Hearn and Dr. Temple, although Burke taught the analogy is false. If the cotton lords refuse to let their decrepit white slaves migrate hither national degeneracy must, by our author's showing, be the result. But after all, we incline to think that the peroration must have been originally written for a harangue of some state-paid peregrinating emigration lecturer, and found its way into this work by mischance.

But this glowing eulogy of the climate is not shared by other authorities. Thus, we find it observed by Dr. Cotton, that "the climate of Australia has been much praised, especially for its supposed influence upon thoracic diseases. It would seem, however to, be but ill-suited for most consumptive persons. In a well written and apparently impartial paper, published by W. J. Sterland, Esq., in one of the medical journals, the subject is fully, and, so far as I am aware, for the first time, discussed. The author is of opinion that under certain rules, chiefly having reference to guarding against sudden and extreme changes of temperature, which he states to be characteristic of the Australian climate, 'consumption *in its incipient stage*' is likely to be benefited. He mentions, however, that in Australia the disease is very frequent, and often fearfully rapid in its course; that the 'excessive heat is extremely depressing,' destroying all energy, and producing utter exhaustion; and that he has frequently known a variation of the thermometer 'from 10° to 30° in from two to five minutes.' If these circumstances, therefore, be taken in connection with each other, it must be obvious that only very early and rather exceptional cases of phthisis are likely to be benefited by emigration to Australia." Medical men here will be able to judge between the author and Mr. Sterland, as to which opinion most accords with their own experience.

The author adduces particular instances of individuals, himself among the number, who derived benefit by the voyage out to, and a

residence in the colony; but it is almost superfluous to say that individual cases in abundance could also be brought forward to prove the very contrary. In such inquiries we should deal as little as possible with individuals; but alone with large bodies of men, because in this way we escape the disturbing effect of collateral circumstances. On this point we would especially refer to the judicious observations of Professor Christison, in the address elsewhere alluded to.

Some remarkable generalisations are stated on the types of disease in Australia. Atonic dyspepsia is rare, irritable dyspepsia not unfrequent. Inflammatory affections of the abdominal viscera oftener met with. Hepatic inflammation and congestion less common than might be expected from the high temperature. Renal and hepatic indurations from spirit-drinking, uncommon; the hurtful effects of alcohol expending themselves more on the stomach and nervous system, owing to the dry ozoniferous air, favouring exhalations through lungs and skin. More chloroform, from the same cause, is required to produce anæsthesia, than in England. If the chronic tippler does not get killed or go mad in his cups, he grows into *plus* condition, of rude health, leading to fatty degeneration, aneurism, aortitis, valvular cardiac disease. Apoplexy, white softening, and embolism are common; and fatty degeneration of the tissue of the liver, unconnected with the scrofulous diathesis, is the result of causes that would produce cirrhosis in England. The lithic acid diathesis is common; oxaluria and chronic renal disease, characterised by albuminous urine, less so. These are very striking differences, if true, but we confess to wish more ample data. What details can have been collated to justify these conclusions? It is impossible they were within the author's own experience, and what records, then, has he consulted? Surely he cannot have trusted to casual conversational remarks to supplement his own observations! He must surely know that the deficient clerical assistance at our public hospitals has always been adduced as a reason why perfect clinical records could not be kept.

Then again, it is asserted that the *course* of disease also undergoes modification in this climate. Fevers are more urgent; results of inflammatory action quicker; wounds, ulcers, fractures heal more

rapidly ; constitutional gangrene or sloughing are uncommon ; and disease generally is more dynamic ; convalescence or fatal exhaustion often (especially in children) a matter of a few hours. Children grow quicker ; puberty is earlier ; old and debilitated people from Europe are restored to a new lease of life. Sterility is often cured by climate, "young olive branches" being engrafted in the barren stock. Of this, indeed, we may ask—where a single well-authenticated instance is recorded, or who is able to adduce one ? Sterility is very common, so that there is no want of opportunity for the exercise of his climatic cure.

There is, or used to be, a popular notion, that parturition was quicker and an easier process than at home ; but it is probably about as well-founded as the majority of the other beliefs. "Such are the main characteristics of the influence of antipodal climates of the temperate zone on the life, health, and disease of the European resident."

It is also maintained that the *course* and symptoms of consumption are greatly modified in this colony. The deposit is usually more generally diffused over the whole lung than confined to a lobe, and is mostly more rapid in its destructive power. "The rule is that tubercle is less constant in its normal place of first selection, the upper lobes, in this climate ; and we know that when this is the case its course is always more rapid." This opinion of the rapidity of the disease coincides with that expressed by Dr. Robertson in the paper already alluded to, "that phthisis tends to a fatal issue much more rapidly here than in the mother country." Dr. Robertson also stated his intention of furnishing particulars of the duration, hereditary predisposition, causes, influence of climate, occupation, &c., but had to abandon the project from want of sufficient reliable data. We should indeed have felt much more satisfied if Dr. Bird had intimated whence he obtained the data his colleague could not command. Without this we cannot accept his statements as more than mere opinions until they be confirmed. In one assertion we feel confident he is wrong, viz., that "three-fifths of the cases of phthisis here are in constitutions broken by previous excess of some kind," and adds a qualification which absolutely annuls all he previously said about climate,—"which would almost of itself be sufficient to account for the greater rapidity of its course, without taking into consideration the

stimulating effects of the climate." Thus is there hardly an assertion in the book that is not negated by some counter-assertion or qualification. Clearly, as to the last one, either the climate was libelled before, or the three-fifths of the consumptive are so libelled now. It is qualified by saying excess of some kind, but is not consumption always so induced? Is it not the common issue of a depraved vitality—depraved by the myriad causes of that bodily condition, always in the character of an excess of some sort? Or is it again by rule of contrariety that in this colony

The good *don't* die first?

As for the assertion that hæmoptysis is more common in connection with tubercle than in England, we only assert that it is estimated as occurring in 68 per cent. of the cases there, and ask what is the average here?

Of the various tests of the salubrity of the climate, the condition of the inmates of penal establishments is taken as affording a good one. At Pentridge and Collingwood stockades, during three years, out of a yearly average of 1000 prisoners, only thirteen deaths took place, "mostly in aged men, with broken constitutions." This mortality of 5 in a 1000 is far lower than that of any other establishment of the kind in the world, and "may be taken as a good index to the Australian mortality in adult life, under conditions the most favourable to health." So much stress is laid upon this fact by our vital statisticians, that it deserves closer inquiry than we can now devote to it; but we may say in passing, what Lawson says of army returns generally, that they hardly seem to form fair criteria of the conditions of civil life. Prison life is the most artificial, perhaps, of all: regular, free from exposure to vicissitudes and excesses; yet it does not afford uniform results. Dr. Thompson says the medical statistics of our prisons afford striking evidences of the influences of depressing emotion; and that the greater liability to phthisis among prisoners is independent of locality, and can be referred only to some common cause. At Millbank Penitentiary, the mortality from consumption is four times the average in the general population. In Melbourne it is seven or eight times less. What, then, are the peculiarities of circumstance between Millbank and

Pentridge upon which this disparity depends? Are they local, climatic, in management, or class of patients; and do they supply a fair test for the differences between the populations of London and Melbourne generally? or are they not rather so entirely exceptional as to furnish no general argument?

Pentridge stands on a hill far in the country; its buildings are new, widely separated by great intervening open spaces; ventilation is admirable; a large majority of the prisoners spend the whole day at manual labour in the open air, and are carefully and considerately treated, being alike protected from evil influences and their own propensities, so that it is impossible with their diet and regimen for jail fever or tuberculosis to be engendered. Are these conditions common to Millbank? Then again as to the Immigrants' Home, so favourably mentioned, as indicative of the salubrious climate. It is a small hamlet of detached cottages, mostly wooden sheds, placed on the brow of a hill, facing on one aspect the sea. The inmates may be said to live in the open air. Their diet is abundant, on a scale practically limited only by the satisfied appetites of healthy children. Half-a-ponnd of beef for dinner to young and old, soup, plum pdding, and vegetables *ad libitum*; tea and milk, or rice and milk for breakfast or supper; all articles of prime quality, and nine cows to supply the establishment. Are those the conditions of a similar establishment in poor Scotland? Would it not rather be a four-storied building, in the most crowded and worst district of a large city, and would not the meagre fare be on the most ingeniously devised scheme to cheat craving hunger with a substitute for a meal, and daily food lowered to the lowest amount compatible with continued existence? Would not porridge and butter-milk, or treacle, take the place of beef and pudding? Is it in this likewise by antipodal rule of contrary, that the kind of "stuffing" which kills charity children is reversed? That the hyper-nutrition induced by animal food should produce effects similar to the hypo-nutrition from abstinence? But it is unfair to deny to the conductors of such institutions the credit due to them on either side, by ascribing to other causes, such as climate, effects brought about by their management. No one knows better than Mr. Harecourt, that if his establishment were situated in the heart of Melbourne, in a tall

building hemmed in on all sides by tall buildings, with the usual accompaniments of town life, and the diet and regimen at his disposal reduced, the results would not be so flattering to himself or to the climate; and of this the eye fresh from England should have been cognisant.

The principal part of the medical matter is added in a sort of postscript to the last chapter, and is appropriately enough devoted to counter-irritation; for some diversion of the humours will be necessary for every reader who gets through the book. If the irritation produced be too great, "a small seton introduced at the insertion of the deltoid muscle, or, as Copland advises, 'near the axilla,' will be the best derivative."

Some other contradictory assertions occur which we have scarce space to allude to. Thus a great proportion of the mortality of children is at one part ascribed to "over-stuffing with animal food, and at another, it is said, that "five-sixths of the deaths of children would be done away with by an efficient system of drainage." Both causes are bad enough, but if the one kills five-sixths, there can only remain one-sixth for all other causes.

Infantile mortality is, as a matter of course, brought forward in testimony of the climatic influence. It is said that there has been a vast amount of misconception and error on this subject; an impression prevailing that the climate has a peculiarly fatal influence on infant life. This impression, however, has never been quite eradicated by all the strenuous efforts of Mr. Archer or Dr. Beddoe. The utmost they have shown is that, during the first year of life, about the same number die out of every hundred births as in some places in England. But, if it be true that this mortality falls three times more heavily on the poor than on the rich, and if poverty is less here than at home, the cases are not quite parallel. Mr. Archer says no more than that, while our actual mortality among infants does not come up to, or at all events exceed, that of Great Britain, yet the forms of disease have different destructive rates; "that while small-pox, scarlatina, measles, are fearful scourges there, here the first is almost unknown, and the rest of comparatively small import." But, alas! how very different their import a year after that statement was written to refute those

who, "out of honest figures, shape fictions, grave and grim" with the purpose of exciting needless alarm! And who shall venture to predict how long the "total stranger" may be of visiting us, to verify the predictions of the same Cassandras of infantile physic? How many heartis had been made childless by diphtheria at that time, when the Government printer did not even know how to spell the word—had, in fact, never heard of it? The popular notion was that this colony enjoyed an almost perfect immunity from these affections, until the delusion was dispelled, like so many others strangely clouding the colonial mind. Yet they were raging at home while the statistics were compared with the statistics of a country in which they were then unknown! and our author still keeps to this comparison for his data, instead of coming down to the times of the altered state of things! It cannot be denied that 56 per cent. of the total deaths take place under the fifth year of life, nor that of that number in 1861 above 16·5 per cent. were from the formerly "unknown" diseases—scarlatina and measles. We are quite aware that Mr. Archer makes it necessary to take the ages of the people into account, in computing the per-centages of infant mortality. A fairer and simpler way would be to take the numbers living under five or ten, and give the number of deaths among them in the year. The misconceptions and errors on these subjects are rather with those who contend that there are striking peculiarities of diseases in this colony, when there is, in fact, little or nothing of the sort. Not one of the zymotic diseases is altered in the least.* Croup, it was once asserted, did not exist, until a "false membrane" demonstrated the false notion. Insanity was once said to prevail excessively. Does it? Are its forms changed? Thus we might overburden ourselves with an extended argument.

Speaking of the benefits which some writers say come from a voyage in the early stages of consumption, an effort is made to disabuse the minds of people who dread the discomforts of ship life,

* Pleuro-pneumonia, not an idiopathic inflammation, but a zymotic fever, with a local complication, is not modified in the least by this climate. The testimony of competent judges attests this. In watching affected animals, and by killing them for purposes of inspection, it may be seen how the phenomena correspond with descriptions given of the disease as it appears in other countries.

narrow cabins, and confined air, by depicting the comfort, style, and luxuries obtainable by first-class invalids in certain ships; but to show the author the absurdity and incongruity of his remarks, we need only remind him of how small a number of the masses, who have to be removed to "regenerate tuberculosed England," will be able to command a cabin with a window "three feet square, and a table provided as in a first-class hotel." Perhaps the desiderata will be supplied by the *Great Eastern*, which will be able to deport the invalids of a large community at every trip. If, on the return voyage, she were to carry homeward the morally regenerated, there should be less cause to murmur at this being made moral pest-house and sanatorium for a "tuberculosed race" and its garotters. Strange competition! We should invite the interesting invalids, as one critic said, for sake of their refined taste, leisure, and long purses, our neighbours craving the malefactors; the motive in either being more mercenary than humane.

Indeed, to end this strange catalogue of contradictions—while the author advises valetudinarians to resort to this country, where they will find society and refinement, his reviewers ask them to come because their coming will refine us and finish our "imperfect civilisation."

The most suggestive passage in the book is reserved for the last. The sick are assured that if their hopes of recovery are disappointed, they will at least get decent burial.

Of the faults in literary execution we shall say nothing, lest we appear captious; yet we may notice a repetition of illustration as conveying an impression of poverty of invention. Thus, at one part a certain mode of treatment is likened to "applying soft warm poultices to an inflamed ulcer, and neglecting the taint of system that caused it;" and at another part a certain other kind of treatment "is as irrational as it would be to apply soft warm poultices to a strumous gland, and neglect the taint in the system that gave rise to it." This shows a want of revision, arising possibly from the great mistake of publishing at home instead of at Melbourne; a circumstance by the way which cavilling critics may lay hold of to answer the author's glowing account of our wonderful resources as a civilised people; for why, if so advanced, could they not print his work?

But he grows charmingly poetical over the "good ship as she rushes through the sounding waves, leaning over gracefully to the full influence of the fair north wind which fast bears her towards the sunny south, he (the invalid) leaves dear foggy old England, with all her cares and anxieties, at rest for a time in that dark bank of cloud that is rapidly sinking astern." Here it is not quite clear whether it is foggy old England or the exile that is at rest for a time; nor how his leaving could have anything to do with his country's repose, in a bank of cloud, or otherwise. Hope, hazy hope, must have "told a flattering tale," as he wished his "native land good night" through the mist; and if he was not indifferent as to what land his bark bore him to so not again to his own, he had at least one sentiment in common with the grand misanthrope, that he never could get a sun well enough done to his liking.

We have deemed it only right to devote particular attention to this book. Reviewers at home may not be as complaisant as critics have been here—ordinary newspaper critics, whose oversight is excusable because of their not being supposed conversant with the topic.* One of them, indeed, slyly neutralised his puff by reprinting side by side an article on the "kindly criticism" of "the puff system"—the system of reviewing by "a friend of the family." The very gracious complaisance, indeed, of these critics, or their very gross ignorance of the subject they were delivering judgment upon has made them say among other erroneous assertions that the statistics have never before been collated. We have given at least names of two, and could name more who have preceded. It is true that the

* The critics of the daily press must be acquitted of peculiar ignorance, for medical reviewers have been equally remiss. The *Lancet* gives currency to the most outrageous inaccuracies; while the *Australian Medical Journal*, published in this city, endorsing everything put forth by the author, beastfully challenges controversion, and reminds us that the author "is here to answer any question started as to the accuracy of his statements." The statements of the author and his reviewer are therefore pretty nearly on a par as to information and judgment. The agreeable flattery just now may be dearly paid for by the reproaches of disappointed invalids, allured by false hopes. It is the more inexcusable of the *Medical Journal* which gave currency to opinions precisely the contrary only two years ago. If, therefore, the book be not the work of a literary *flâneur*, there has been no lack of literary *claqueurs* to sound its praise. Well may the *Journal* declare that it has been "surprised" into agreement with the writer.

author has ignored them—ignored, we say, because it is scarcely credible that he could be unaware of the labours of his predecessor at the Benevolent Asylum, as published in one of our medical contemporaries, from which is quoted “*a case of arteritis.*” Quoting surely does not go by favour. Others will search closely because of the interest felt in the subject; and should they fully expose the errors briefly alluded to, the reaction will be unduly against the climate, denying any real advantage it offers, and make the publication of this crude production do more harm than under any circumstances it could possibly have done good. The author has published over-hastily. Had he observed more patiently, his judgments might have done justice to his powers of description, which show that he needs not to resort, like some amongst us, to the labours of others for a literary reputation.

